

AO 240 (Rev. 9/96)

## UNITED STATES DISTRICT COURT

WESTERN

District of

PENNSYLVANIA

DARRYL LEE CHERRY

Plaintiff

V.

UNITED STATES OF AMERICA, et al.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 04-292-ERIE

CLERK U.S. DISTRICT COURT  
WEST. DIST. OF PENNSYLVANIA

JAN 13 2006

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I, Darryl Lee Cherry, #07928-078 declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration FCI McKean PennsylvaniaAre you employed at the institution? Yes Do you receive any payment from the Yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No prison orderly
- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.  
From \$5.25 to \$19.00
- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

**None**

I declare under penalty of perjury that the above information is true and correct.

1/5/06  
Date

Darryl Cherry  
Signature of Applicant

**DARRYL LEE CHERRY, pro se**  
**Federal Register No. 07928-078**  
**FCI McKean Pennsylvania**

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**Inmate Inquiry**

Inmate Reg #:	07928078	Current Institution:	McKean ICI
Inmate Name:	CHERRY, DARRYL	Housing Unit:	A
Report Date:	11/28/2005	Living Quarters:	A03-11H
Report Time:	11:45:38 AM		

[General Information](#)[Account Balances](#)[Commissary History](#)[Commissary Restrictions](#)[Comments](#)**General Information**

Administrative Hold Indicator: No  
No Power of Attorney: No  
Never Waive NSF Fee: No  
Max Allowed Deduction %: 100  
PIN: 5408  
FRP Participation Status: Completed  
Arrived From:  
Transferred To:  
Account Creation Date: 8/8/2001  
Local Account Activation Date: 7/1/1991  
  
Sort Codes:  
Last Account Update: 11/25/2005 2:08:57 AM  
Account Status: Active  
ITS Balance: \$0.19

**FRP Plan Information**

FRP Plan Type	Expected Amount	Expected Rate
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**Account Balances**

Account Balance:	\$6.54
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$6.54
National 6 Months Deposits:	\$405.00
National 6 Months Withdrawals:	\$427.80
National 6 Months Avg Daily Balance:	\$20.09
Local Max. Balance - Prev. 30 Days:	\$28.39
Average Balance - Prev. 30 Days:	\$9.18

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**Commissary History****Purchases**

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Validation Period Purchases: \$0.00

YTD Purchases: \$73.80

Last Sales Date: 11/16/2005 11:38:19 AM

**SPO Information**

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SPO's this Month: 0

SPO \$ this Quarter: \$0.00

**Spending Limit Info**

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Spending Limit Override: No

Weekly Revalidation: No

Spending Limit: \$290.00

Expended Spending Limit: \$0.00

Remaining Spending Limit: \$290.00

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**Commissary Restrictions****Spending Limit Restrictions**

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Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A

Restriction End Date: N/A

**Item Restrictions**

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List Name	List Type	Start Date	End Date	Userid	Active
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**Comments****Comments:**

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